



**Educator Licensure and Accreditation**

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**Employment Verification of Occupational and Professional Work Experience**

Verification of occupational experience (e.g. auto mechanic, computer technician, electrician, plumber, etc.) and/or professional experience (e.g. performing musician, visual artist, dancer, etc.) is required for licensure as an instructor in these areas. Complete a separate form for each relevant position held. For the purposes of this form, teaching is not considered occupational or professional experience, therefore verification of teaching experience is not acceptable.

EMPLOYEE INFORMATION – To be completed by District of Columbia licensure applicant.			
Last Name	First Name	M.I.	SSN
			____ / ____ / ____
Maiden name(s) or other names used		Date of Birth	Gender
		____ / ____ / ____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Street Address	City and State	Zip code	Contact numbers
			Daytime:
			Evening:

I hereby give my present/former employer permission to release any and all information requested in the "employer verification" portion of this form.

\_\_\_\_\_  
Employee Signature Date

**EMPLOYER VERIFICATION - To be completed by Employer or Self. If self-employed, verification must be notarized.**

The employee named above was employed from \_\_\_\_\_ to \_\_\_\_\_ or Is currently employed

The employee was employed: FULL-TIME  or PART-TIME  If part-time, how many hours per week? \_\_\_\_\_

The employee was employed as a : \_\_\_\_\_ (job title/classification)

Briefly describe the employee's assigned duties and responsibilities (you may attach a separate sheet if necessary):

This employee was required to complete specialized training and hold an occupational license to be employed in this position. YES  NO

This employee was required to complete specialized training, but NOT required to hold an occupational license for this position. YES  NO

You were/are the primary supervisor/employer to whom this employee reported. YES  NO

You would rate the employee's performance under your supervision as: SATISFACTORY  or UNSATISFACTORY

Name of Company or Agency	Address (street, city, state, zip)	Is this company required to be in compliance with any Business and/or Professions jurisdiction Codes?
		YES <input type="checkbox"/> NO <input type="checkbox"/>

Employer/Supervisor Signature	Print Name	Position Title	Contact number

- Notary public section- (For self-employment verification (only))

Self employment verification(s) must be accompanied by notarized copies of annual business tax returns.

\_\_\_\_\_  
Notary public signature and seal / date

Once completed by the Employer, this form MUST be mailed back to the employee's address listed above. This form MUST bear original signatures. Photo-copies will not be accepted.